



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 FEB 8 AM 11:46:51

Annual Report for the year: 2024

Non-Profit Corporation

- Filing period: February 1 - May 1
→ Filing Fee: \$20.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 000043168		2. Exact name of the Corporation First Church of God of Providence	
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island TO TEACH THE GOSPEL OF JESUS CHRIST	
4. NAICS Code 813110			
6. Principal Office Address 786 ELMWOOD AVENUE		City PROVIDENCE	State RI Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Reinaldo GUERRA.		Vice-President Name OTAHYS GUERRA.	
Street Address 60 LIMEROCK RD.		Street Address 60 LIME ROCK RD.	
City SMITHFIELD.	State RI	City SMITHFIELD.	State RI
Secretary Name ISRAEL MONALES		Treasurer Name SAMUEL MONALES	
Street Address 19 Bulter Dr		Street Address 322 Killingly St	
City Johnston	State RI	City Providence	State RI
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>			
Director Name JUAN JOSE ORELLANA.		Director Name Jorge M. Orellana.	
Street Address 464 Eddie DOWLING HWY		Street Address 291 WAHDO ST	
City North SMITHFIELD.	State RI	City Providence	State RI
Director Name JUAN A. Escobar.		Director Name	
Street Address 42002 ST		Street Address	
City North Providence	State RI	City	State Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
<small>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.</small>			
Name of Officer/Authorized Representative Reinaldo GUERRA			Date 02/08/2024
Signature of Officer/Authorized Representative <i>Reinaldo Guerra</i>			FILED FEB 08 2024 BY ML 9749N

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov